

Copayment Information

Current laws and regulations provide for changes in eligibility for VA health care to insure that VA health care is provided to all eligible veterans. As of January 17, 2003, if your income is above the threshold amount shown below or you do not provide income information, you will not be eligible for healthcare at this time.

Two categories of eligibility for VA health care have been established. **Means Test Co-pay Exempt** for veteran's who are below the income threshold listed below and **Means Test Co-pay Required** for those veterans who are above the income threshold. Means Test Co-pay Exempt veterans are not required to make a copayment (other than medication*).

A three-tiered outpatient copayment system is in place to determine copayment amounts for **Means Test Co-pay Required** patients.

Tier 1: relates to services rendered where **no copayment** is charged. These services include preventive screenings, immunizations, and routine diagnostic testing such as x-rays, laboratory work and electrocardiograms.

Tier 2: relates to Primary Care outpatient visits and will require a **Means Test Co-pay Required** patient to pay a **\$15 copayment**.

Tier 3: relates to any type of specialty care outpatient visit and will require a **\$50 copayment**. These specialty care clinics include, but are not limited to, surgical consultative services, audiology, optometry, cardiology, nuclear medicine studies, ambulatory surgery, MRI, and CAT scan.

The established inpatient care copayment is adjusted on January 1st of each year. The copayment for the first 90 days of inpatient care will be \$1,156, for each additional 90 days will be \$578, with an additional \$10 per day added for each day a patient remains in the hospital as an inpatient. Veterans who have incomes that exceed the Means Test threshold but are below a geographically based income threshold set by the U. S. Department of Housing and Urban Development (HUD) for public housing benefits will only have to pay 20% of the inpatient copayment charges.

If you have reimbursable medical insurance, by law, the VA must bill your insurance for any non-service connected treatment rendered; providing the service complies with established billing criteria. Payment is matched dollar for dollar towards your copayment. If your insurance company requires a deductible, copayment, or cost share, this will affect the amount that is applied toward your VA copayment. Benefits received from Medicare supplemental policies will be applied toward your VA copayment.

2014 MEANS TEST INCOME THRESHOLDS LEVEL

	Means Test Co-pay Exempt	Means Test Co-pay Required
(1) Veterans with no dependents	\$31,443	\$31,444
(2) Veterans with one dependent	\$37,733	\$37,734

NOTE: Add an additional \$2,161 for each dependent.

NOTE: If income and/or countable assets for the previous calendar year exceed more than \$80,000 after medical expenses, immediate family funeral expenses, or veteran's education expenses, the veteran will be placed in Means Test Co-pay Required category.

PRESCRIPTION COPAY

* Public law 101-508 required VA to assess a copayment of \$8 for each 30 day supply or less of medication furnished to veterans on an outpatient basis for the treatment of non-service connected conditions. Veterans in Priority Group 7 and 8 will be charged a \$9 copayment for each 30 day or less supply of medication. Based on the financial information provided by veterans to the VA, those whose annual income does not exceed the maximum annual rate of pension are exempt from the copayment.

2013 MAXIMUM PENSION RATE

Veteran with no dependents	\$12,652	Veteran with one dependent	\$16,569
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NOTE: For each additional dependent add \$2,129